

Datapoint

Information from the Division of Health Care Finance and Policy
Massachusetts Acute Care Hospital Inpatient Discharges
Q3 FY01 (04/01/01–06/30/01) versus Q3 FY02 (04/01/02–06/30/02)

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Number 10
Q3 FY01 and Q3 FY02

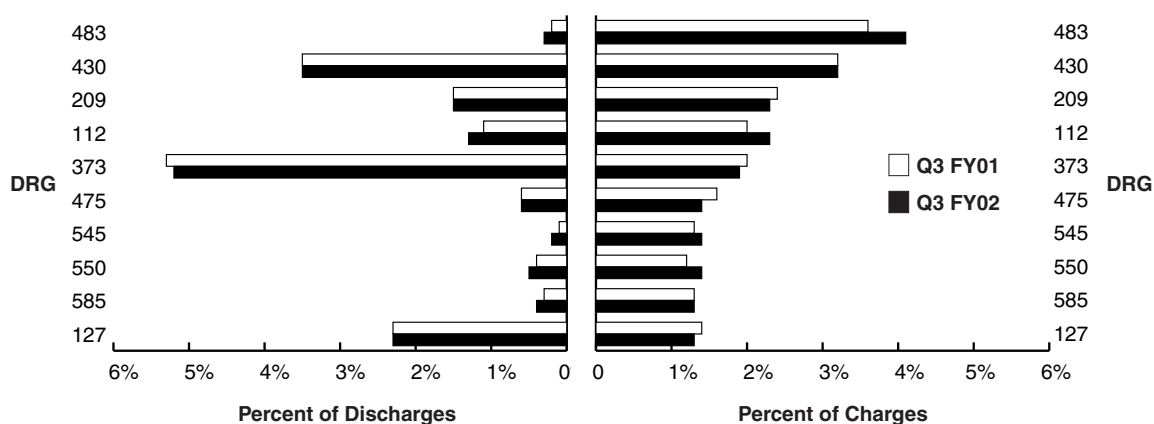
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Division of Health Care
Finance and Policy

This issue compares two quarters
of data (Q3 FY01 and Q3 FY02).
Look for the data behind
Datapoint on the DHCFP web site.

What is *Datapoint*?

Datapoint is a quarterly
publication that highlights the
most current information available
about the Massachusetts short stay
acute care hospital industry. To
obtain additional copies, please
call the Division of Health Care
Finance and Policy Office of
Communications at (617) 988-3125.
To share your comments and
suggestions for future editions,
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please contact Bennett Locke at
(617) 988-3144 or by email at
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Top Ten DRGs Ranked by Percent of Charges



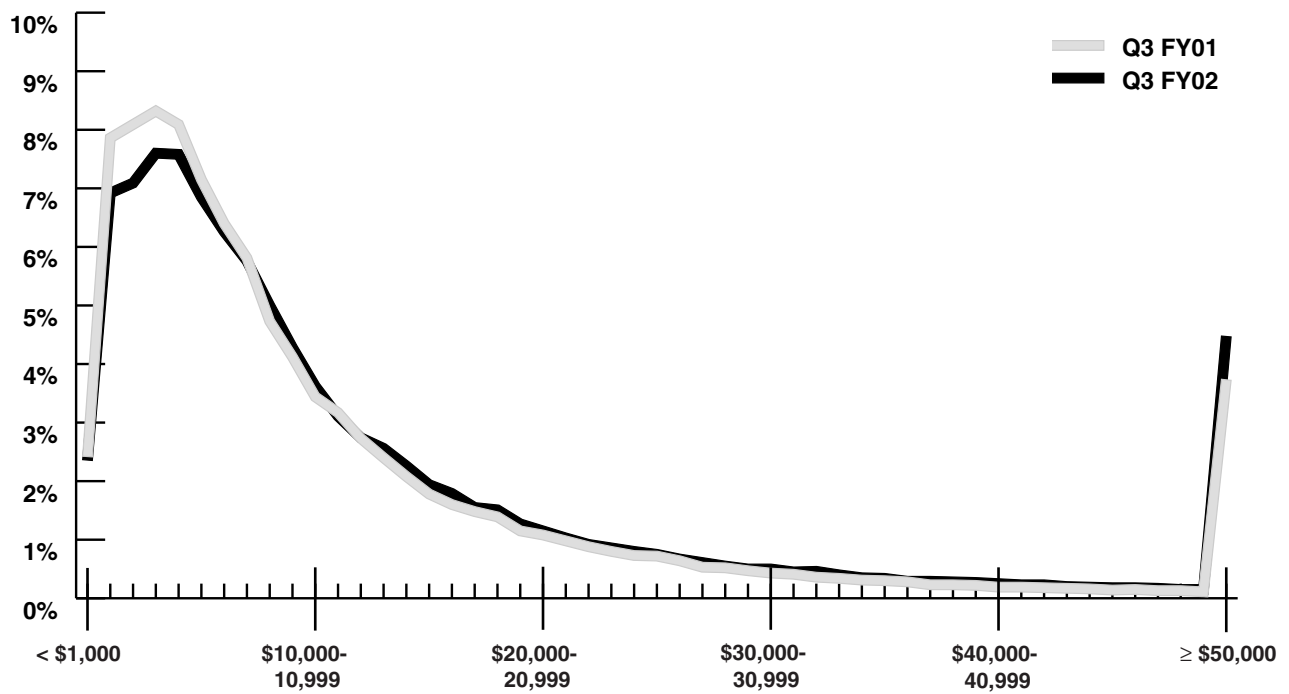
Note: See table below for DRG labels. DRGs are based on the 3M All-Patient Grouper, version 12, and ranked according to percent of total charges for Q3 FY02.

Mean Charges per Discharge and Length of Stay for Top Ten DRGs

DRG	Mean Charges per Discharge		Mean LOS	
	Q3 FY01	Q3 FY02	Q3 FY01	Q3 FY02
483: Tracheostomy except for face, mouth and neck diagnoses	\$215,183	\$240,930	42.6	44.2
430: Psychoses	\$12,415	\$13,518	10.2	10.6
209: Major joint and limb reattachment procedure of lower extremities	\$22,001	\$23,334	4.2	4.2
112: Percutaneous cardiovascular procedure without AMI	\$24,041	\$26,210	2.0	2.0
373: Vaginal delivery without complications	\$4,994	\$5,502	2.2	2.2
475: Respiratory system diagnosis with ventilator support	\$37,286	\$38,624	11.1	10.9
545: Cardiac valve procedure with major CC	\$122,272	\$130,118	16.6	15.4
550: Other vascular procedures with major CC	\$41,216	\$44,335	8.6	8.0
585: Major stomach, esophageal, duodenal, small and large bowel procedure with major CC	\$52,796	\$55,474	15.7	15.6
127: Heart failure and shock	\$8,128	\$8,742	4.3	4.2

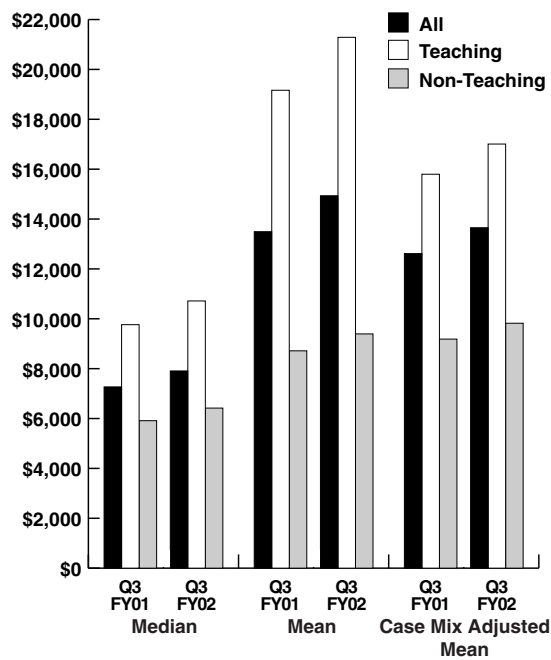
Note: AMI = acute myocardial infarction, CC = complications or comorbidities

Distribution of Total Charges per Discharge

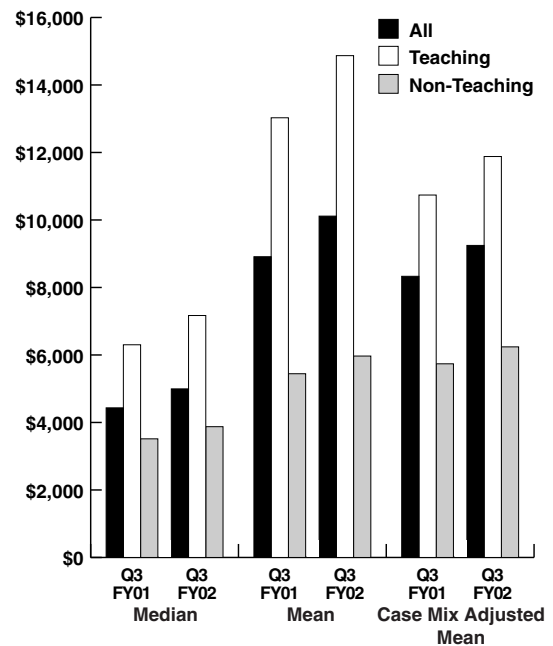


Note: Lines represent percent of discharges in each \$1,000 charge interval.

Total Charges per Discharge

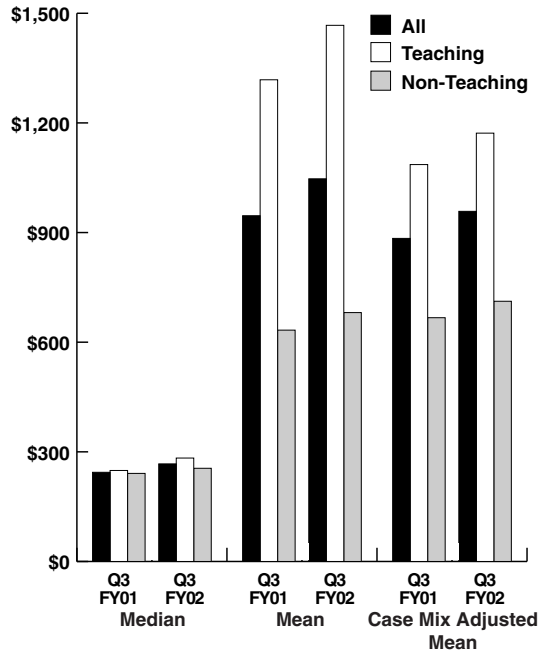


Ancillary Charges per Discharge

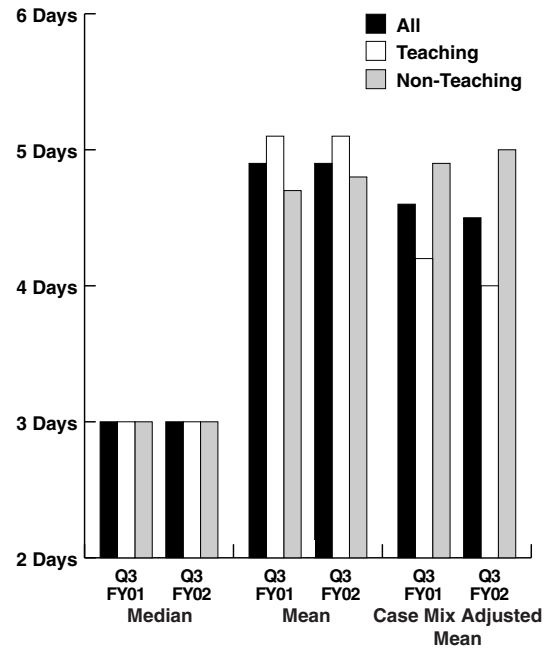


Note: Ancillary charges include all charges except those for routine and special accommodations.

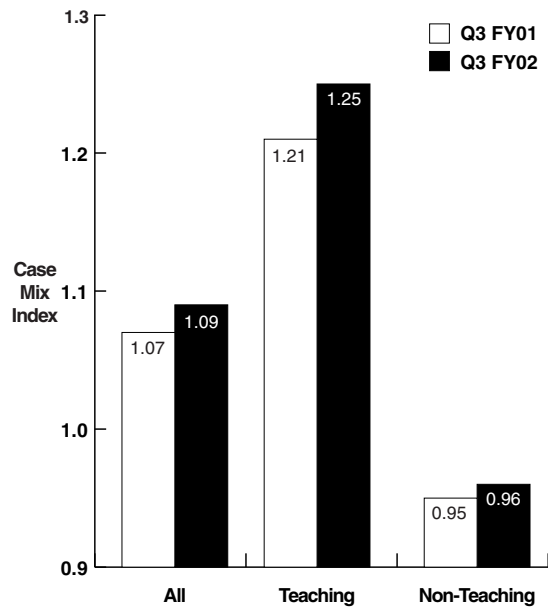
Pharmacy Charges per Discharge



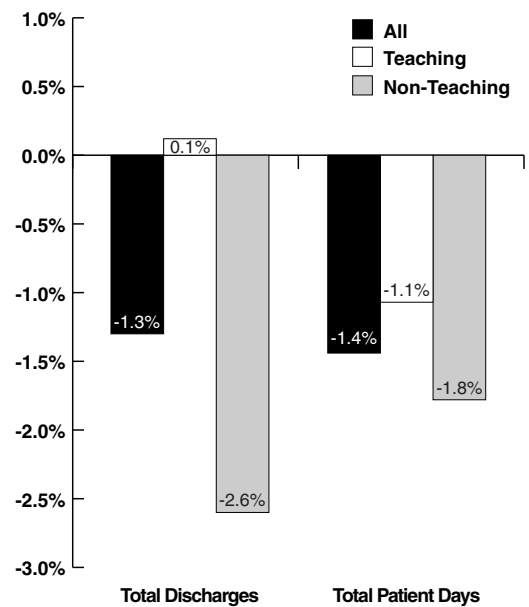
Length of Stay



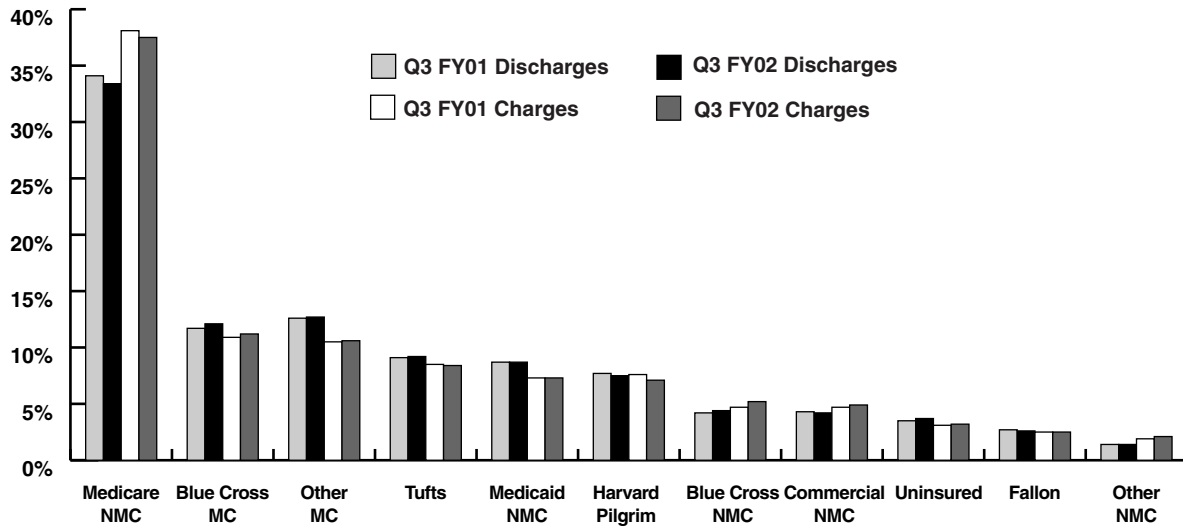
Case Mix Index



Percent Change in Discharges and Days (Q3 FY01 to Q3 FY02)

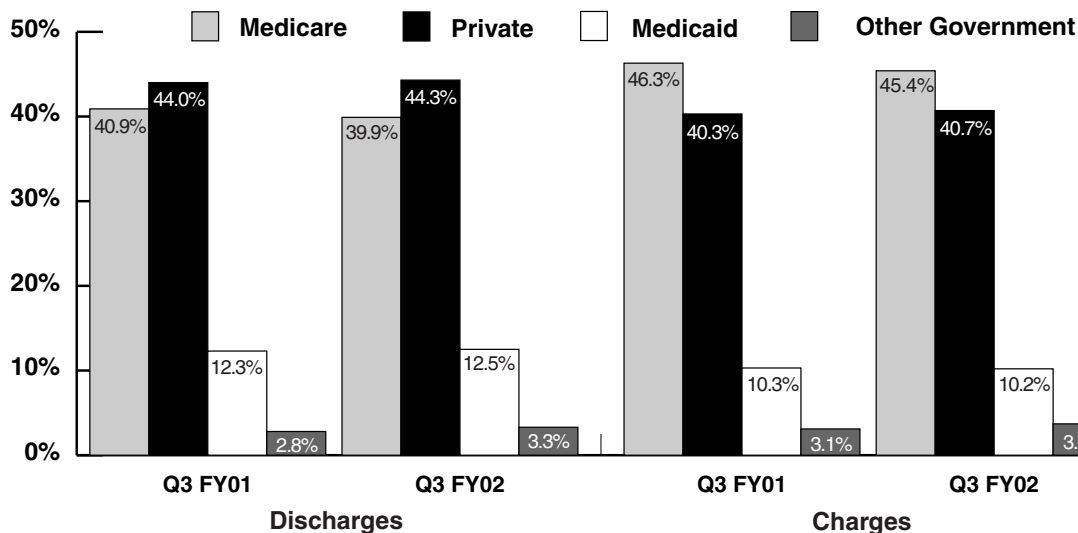


Payer Categories by Percent of Discharges and Charges



Note: Ranked by percent of total charges statewide Q3 FY02. MC = managed care. NMC = non-managed care. "Other MC" includes Health New England, US Healthcare, Medicaid primary care clinician, Massachusetts Behavioral Health Partnership, other HMOs, PPOs, and POSs. "Other NMC" includes: Workers' Compensation and other government payment.

Government and Private Payers by Percent of Discharges and Charges



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Note: "Other Government" includes workers' compensation and other government payment.

Endnotes

Statistics for the third quarter of FY02 (04/01/02 to 06/30/02) are based on short stay acute hospital inpatient discharge data received as of 10/31/02; some data that failed DHCFF edits have been included. Data from 72 hospitals are included in this edition of *Datapoint*. This includes data from 15 teaching hospitals and 57 non-teaching hospitals. The underlying statistics used to create the *Datapoint* graphics are available on our web site: www.mass.gov/dhcfp.

The following hospitals are categorized as teaching hospitals: Baystate Health Systems, Berkshire, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Cambridge, Carney, Children's Medical Center, Dana Farber, Faulkner, Lahey Clinic, Mass. Eye and Ear, Mass. General, Mount Auburn, New England Medical Center, St. Elizabeth's, Saint Vincent, and UMass/Memorial Medical Center.

Charges are not inflation-adjusted and do not represent costs or payments.

Case mix index is calculated using Massachusetts cost weights (base year = FY93) for the 3M All-Patient Grouper, version 12.